

>> DIAGNOSIS AT A GLANCE

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CASE 1



A 52-year-old woman presents with a “knot” in her palm that has been increasing in size over the past several months. She also notes that progressive tightness of her pinkie and fourth digit has developed. She denies antecedent injury or repetitive trauma to the hand. Her history is negative for diabetes or arthritis. She does not smoke but admits to binge drinking. Examination of the affected palm reveals a firm, fixed, readily palpable cord, as well as loss of mobility and contracture of the ring finger. No other joint or skin abnormalities are noted.

What is your diagnosis?

CASE 2



A 38-year-old man has incessant burning and itching of the scrotum. The condition has been present for several months and was previously diagnosed as a yeast infection. Oral fluconazole had no effect, and topical econazole could not be tolerated, as it caused increased irritation. The patient denies any history of diabetes or sexually transmitted infection. He reports having increased anxiety of late, for which he has recently begun taking alprazolam. Examination of the scrotum reveals diffuse erythema and minor lichenification. Slight erythema at the base of the penis is also noted. No nits or crab lice are detected.

What is your diagnosis?

Turn page for answers >>

CASE 1



Dupuytren contracture is the name given to palmar fibromatosis that eventuates in thickening of the fibrous bands in the hands and fingers. The condition is associated with diabetes, injury, repetitive trauma, smoking, and alcoholism. It is most common in men older than 50. In more developed cases, the patient presents with a firm palmar cord accompanied by flexion contracture. Traditional therapy for Dupuytren contracture is open fasciectomy to release the fibrotic bands. In February 2010, the FDA approved a nonsurgical approach, collagenase *Clostridium histolyticum* (Xiaflex), administered by injection. This revolutionary therapy significantly reduces contractures and improves range of motion in joints affected by advanced disease.

CASE 2



Red scrotal syndrome is an uncommonly reported entity characterized by erythema of the scrotum and base of the penis. The condition is accompanied by burning and itching. The etiology is unknown, although a psychogenic overlay is suspected. Application of either over-the-counter or prescriptive topical medications often leads to increased irritation and exacerbates the redness and symptoms. Therapeutic options include oral anxiolytics and gabapentin.

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